

# **ATTACHMENT 2**



JUVENILE DIVISION



## The Superior Court

201 CENTRE PLAZA DRIVE, SUITE 3  
MONTEREY PARK, CALIFORNIA 91754-2158

TELEPHONE  
(323) 526-6377

December 8, 2005

TO: Physicians Treating Children under Juvenile Court Jurisdiction  
Juvenile Court Judicial Officers  
Department of Children and Family Services  
Probation Department  
Department of Mental Health  
Juvenile Court Mental Health Services  
Juvenile Court Health Services  
Dependency Court Clerk's Office  
Delinquency Court Clerk's Office  
Children's Law Center of Los Angeles  
Office of the County Counsel  
Juvenile Courts Bar Association  
Office of the Public Defender  
Office of the Alternate Public Defender  
Delinquency Court Panel Attorneys  
Office of the District Attorney

FROM: Michael Nash, Presiding Judge, Juvenile Court   
Margaret Henry, Supervising Judge, Dependency Court 

RE: **Court Authorization of Psychotropic Medication**

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The Los Angeles County Juvenile Court recently revised its protocol for court authorization of psychotropic medication for juvenile dependents and wards. **The new Psychotropic Medication Protocol ("Protocol") and Psychotropic Medication Authorization Form ("Form") become effective January 17, 2006.**

Originally created in 1997, the Psychotropic Medication Committee reconvened in early 2005 to revise the September 4, 2001 protocol. Some of the Committee's goals were to develop consistent procedures for the dependency and delinquency courts, to better track psychotropic authorization requests that are received by the court, to simplify the procedure for prescribing physicians, and to establish a procedure that will comply with statutory mandates and afford greater due process to litigants.

Some of the important changes to the Form and Protocol include:

- **Additional Page in Form** – The Form now contains three (3) pages, the third of which is for documentation of notice to the parties and Juvenile Court Mental Health Services and the court order. The physician need only submit the first two pages of the Form.
- **Revised Psychotropic Medication Authorization Form** – The revised Form seeks additional information including when the physician last saw the child; who provided information regarding the child; and current therapeutic services being provided other than medication.
- **Submission of Form** – If a child is in the dependency court system, the physician should fax the form to the Department of Children and Family Services (DCFS) D-Rate Unit at (562) 941-7205. If a child is in the delinquency court system, the physician should fax the form to the Probation Department Placement Unit at (323) 441-1110 or 441-1120. The respective agency will send notice of the Form to the child's parent or legal guardian, as well as to the case carrying social worker or deputy probation officer and the court.
- **Notice to Parent/Legal Guardian** – The parent or legal guardian will have two days from the date that the person received notice of the Form to submit an opposition to the prescription of psychotropic medication for his or her child.
- **Court Determination Process** – The court must rule on the psychotropic authorization request within seven (7) days from the date the court received the Form from DCFS or the Probation Department.
- **Right to Refuse** – Where a child is not detained in a juvenile detention facility and is refusing to take psychotropic medication, it is the policy of the court that the refusal constitutes a treatment issue and should be dealt with by the treating physician and caregiver.
- **Cross-over of Cases with the Mental Health Court** – The Juvenile Court has authority to approve psychotropic medication in certain situations as detailed on page 7 of the Protocol.

Attached to this memorandum are the following documents:

- (1) Psychotropic Medication Protocol
- (2) Psychotropic Medication Authorization Form
- (3) Dependency Court Time Line
- (4) Delinquency Court Time Line
- (5) Dependency Court Parent Notice Letter (including Spanish version)
- (6) Dependency Court Parent Notice – Antelope Valley cases (including Spanish version)
- (7) Delinquency Court Parent Notice Letter (including Spanish version)
- (8) Opposition Form (including Spanish version)





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Office of the Alternate Public Defender  
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Office of the District Attorney

FROM: Michael Nash, Presiding Judge, Juvenile Court   
Margaret Henry, Supervising Judge, Dependency Court 

SUBJECT: Psychotropic Medication Protocol

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***THIS MEMORANDUM SUPERSEDES ALL PREVIOUS STATEMENTS REGARDING THE JUVENILE COURT PSYCHOTROPIC MEDICATION AUTHORIZATION PROTOCOL INCLUDING THE PROTOCOL DATED SEPTEMBER 4, 2001.***

Below are the procedures for obtaining court authorization for prescribing and administering psychotropic medications to children under Dependency or Delinquency Court jurisdiction. This policy applies to both emergency and non-emergency situations.

This protocol does not include medications prescribed expressly to treat seizures or enuresis. Psychotropic medications must be utilized only for therapeutic purposes.



## **I. Definition of Psychotropic Medication**

Psychotropic medication or drugs are those that are administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants. Welfare & Institutions Code ("WIC") §369.5(d).

## **II. The Process**

### **A. Psychotropic Medication Authorization Form**

An application for the prescription and administration of psychotropic medication for a child under Juvenile Court jurisdiction shall be made through the use of the "Psychotropic Medication Authorization Form" (Form, copy attached).

### **B. Parental Consent**

#### **1. Dependency Court**

If a child is a dependent of the Juvenile Court pursuant to WIC §300 and the child was removed from the custody of his or her parent pursuant to WIC §361, the prescribing physician must obtain authority from the Juvenile Court, or legal guardian where appropriate, regarding the prescription and administration of psychotropic medications for the child. The Juvenile Court may authorize a parent to consent to or deny the request to prescribe and administer such medications. However, in doing so, the Court must find on the record that (a) the parent poses no danger to the child, and (b) the parent has the capacity to consent to the psychotropic medication for the child. (WIC §369.5)

If a parent or legal guardian with legal custody or a parent or legal guardian who has been authorized to consent to the prescription of psychotropic medication refuses to consent, is incapable of consenting, or is unavailable to consent to the prescription of psychotropic medication to his or her child, the physician may request authorization from the Juvenile Court by completing the Form and noting the refusal, unavailability or inability of the parent or legal guardian to consent on page 2, C.6 of the Form. Absent an emergency, a physician may not prescribe and administer psychotropic medications to a child under court jurisdiction without court authorization or consent of the child's parent or legal guardian. (See section II D below.) Foster parents, relatives, group home caregivers, children's social workers (CSW), and attorneys may not sign consent forms or initiate or modify treatment unless they are the child's legal guardian. When a Form is submitted, the Court may approve the medication request. (See WIC §369).

## **2. Delinquency Court**

If a child is a ward of the Juvenile Court pursuant to WIC §602, the parent or legal guardian retains the right to authorize the prescription and administration of psychotropic medication unless the Juvenile Court has restricted such right.

If a parent or legal guardian who retains the right to consent to the prescription and administration of psychotropic medication refuses to consent, is unavailable to consent, or is incapable of consenting to the prescription of psychotropic medication to his or her child, the physician may request authorization from the Court by completing the Form and noting the refusal, unavailability or inability of the parent or legal guardian to consent on page 2, C.6 of the Form. Before a Form is submitted, the physician shall attempt to obtain consent from the parent or legal guardian who has retained the right to consent to the psychotropic medication. Foster parents, relatives, group home caregivers, deputy probation officers (DPO), and attorneys may not sign consent forms or initiate or modify treatment unless they are the child's legal guardian. When a Form is submitted, the Court may approve the medication request. (See WIC §739).

### **C. Completing the Psychotropic Medication Authorization Form**

The Psychotropic Medication Authorization Form has been revised as of October 24, 2005. All portions of the Form must be completed in full and be legible. Failure to provide all requested information or submission of an illegible or indecipherable Form will result in delay or denial of the request.

#### **1. Log Number**

Each Form shall be given a log number by the Court for tracking purposes.

#### **2. Identifying Information**

The "Identifying Information" section of the Form may be completed by a nurse, social worker, probation officer, caregiver, or physician.

#### **3. Clinical Information**

The prescribing physician must complete the "Clinical Information" section of the Form. Any clinical information that clarifies the treatment plan may be attached to the Form.

#### **4. Medications**

The "Medications" section of the Form must be completed by the prescribing physician. The physician must list all prescribed medications the child currently takes and will take if the request is granted, whether or not prescribed by the requesting physician. The physician is encouraged to indicate the range of dosages to be authorized. If the physician does not indicate a range of dosages, a new Form will be required for each change in the dosage schedule.



## **5. Explanation to Child**

The prescribing physician must explain to the child, in age-appropriate terms: (a) the recommended course of treatment, (b) the basis for the treatment, and (c) the possible results of taking the medication, including possible side effects.

## **6. Submission of Form**

In dependency matter, the prescribing physician must fax the Form to the Department of Children and Family Services (DCFS) D-Rate Unit at (562) 941-7205. In Delinquency matters, the Form must be faxed to the Probation Department Placement Unit at (323) 441-1110 or 441-1120. Once the Probation Department or DCFS receives the Form from the physician, the respective agency shall provide notice of the psychotropic medication request to the child's parent or legal guardian, and send copies of the Form to the case carrying DPO or CSW and Juvenile Court. (See attached "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines.)

The prescribing physician must accept telephone inquiries from the judicial officer, child's attorney, Court Appointed Special Advocate, or Juvenile Court Mental Health Services (JCMHS) personnel regarding the pending request for prescription and administration of psychotropic medication. The prescribing physician must include a telephone number on the Form where he or she can be reached personally and quickly, if necessary. To confirm receipt of the faxed Form, the physician may contact the DCFS D-Rate Unit at (562) 903-5335 or (562) 903-5336, or the Probation Placement Unit at (323) 226-8769 or (323) 226-8404.

## **7. Court Order**

The "Order" section on page 3 of the Form shall be completed by the Juvenile Court judicial officer.

## **D. Emergency Administration of Psychotropic Medication**

Psychotropic medications shall not be prescribed and administered to a child prior to court authorization or parental or legal guardian consent except in emergency situations. (However, any current psychotropic medication treatment can continue pending approval of a submitted Form.)

### **1. Definition of Emergency**

For purposes of this protocol, an emergency situation is defined as follows:

- (A) When a physician finds that the child requires psychotropic medication,
- (B) Due to a mental disorder,
- (C) Where the purpose of the medication is to:
  - (i) Protect the life of the child or others,
  - (ii) Prevent serious harm to the child or others, or
  - (iii) To treat current or imminent substantial suffering, and
- (D) It is impracticable to obtain consent.

It is not necessary for the harm to actually take place or become unavoidable.

## **2. Documentation of Emergency by Physician**

When a child is given psychotropic medication in an emergency situation, the physician requesting authorization must document on the form the basis for the emergency.

## **3. Prescription and Administration of Psychotropic Medication Pending Authorization by the Court**

Upon submission of the Form to the appropriate agency delineating the emergency, the physician may proceed to prescribe and administer the psychotropic medication.

In both dependency and delinquency cases, if the Court denies the emergency request, the psychotropic desk clerk will provide notice of the denial. When a physician receives notice of a denial, the physician must immediately discontinue the psychotropic medication in accordance with proper medical practice. If the physician disagrees with the court decision, the physician can: (1) call JCMHS for assistance, or (2) submit a new Form with more information (and indicate that it is a new submission). Once the CSW or DPO receives notice of the denial, the CSW or DPO is to verify that the physician has discontinued the medication or submitted a new Form. The CSW or DPO should immediately notify the Court if the order is not being followed.

## **4. Emergency Administration of Psychotropic Medication While Non-Emergency Request is Pending**

If an emergency arises while a non-emergency request is pending, the physician may begin treatment immediately and submit a new Form documenting the emergency. Upon submission of the Form to the appropriate agency delineating the emergency, the physician may proceed to prescribe and administer the psychotropic medication.

### **E. Psychotropic Desk Clerk**

The duties of the dependency and delinquency psychotropic desk clerks are delineated in the "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines. (See attached time lines.)

### **F. Notice Requirement**

The notice procedure for parents or legal guardians, children's attorney, CSWs, and DPOs are delineated in the "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines. (See attached time lines.)

### **G. Juvenile Court Mental Health Services**

JCMHS staff will (1) review the Form, (2) recommend to the Juvenile Court whether to grant, modify, deny, or seek more information, and (3) send the recommendation back to the psychotropic desk clerk at the appropriate location.



## **1. Processing of Form After Receipt of JCMHS Recommendation**

When the JCMHS recommendation is returned, the psychotropic desk clerk will process it consistent with the "Psychotropic Medication Authorization Process – Dependency Court" and "Psychotropic Medication Authorization Process – Delinquency Court" time lines. (See attached time lines.)

## **H. Court Determination Process**

The judicial officer may grant, deny, or modify the request, or set the matter for a hearing. The prescription and administration of psychotropic medication is authorized when approved and signed by the Court.

In Dependency Court, after the Court has ruled on the Form, the psychotropic desk clerk will send copies of the Form to the JCMHS, child's attorney, physician, and DCFS D-Rate Unit. The DCFS D-Rate Unit will send copies of the Form to the assigned CSW and caregiver.

In Delinquency Court, after the Court has ruled on the Form, the psychotropic desk clerk will send copies of the Form to the JCMHS, child's attorney, physician, and Probation Placement Unit. The Probation Placement Unit will send copies of the Form to the assigned DPO and caregiver.

When a physician is notified that a request has been denied, the physician can: (1) call the JCMHS for assistance, (2) submit a new Form with more information (and indicate that it is a new submission), or (3) discontinue the medication in accordance with proper medical practice. Once the CSW or DPO receives notice of the denial, the CSW or DPO is to verify that the physician has discontinued the medication or submitted a new Form. The CSW or DPO should immediately notify the Court if the order is not being followed.

## **III. Continued Treatment**

An order authorizing psychotropic medication for a child is valid for six months unless otherwise ordered by the Juvenile Court. A physician must complete a new Form to continue the medication when the authorization expires after six months or after the time otherwise ordered by the Court. However, a physician can continue medication while the renewal request is pending before the Court. In situations where a child who enters the juvenile court system is being treated with psychotropic medication, the physician may continue the medication pending an order from the Court. A new authorization is not required when a child changes facilities or physicians as long as the medication, strength and dosage range remain the same as previously authorized and as long as the authorization paperwork and medication follow the child.

#### **IV. Child's Right to Refuse**

A child in a juvenile detention facility may refuse psychotropic medication even where there is court authorization, unless: (1) the child is a danger to himself or herself or others due to a mental disorder, and (2) it is immediately necessary to prevent serious bodily harm or death.

In other situations, the refusal by a child to take psychotropic medication authorized by the Court constitutes a treatment issue and should be dealt with by the treating physician and caregiver.

#### **V. Authorization and Administration of Psychotropic Medication for Children Under Juvenile Court Jurisdiction Who Are Involved in the Mental Health Court Proceedings**

The Juvenile Court retains the authority to authorize psychotropic medication for children in the following circumstances: (1) children under Juvenile Court jurisdiction who are involuntarily detained under the Lanterman-Petris-Short (LPS) Act, (2) children under orders for suitable placement and voluntary hospital commitment, and (3) children committed to the State Department of Developmental Services by the Mental Health Court. However, the Mental Health Court shall have exclusive power to determine issues of consent to medication in all cases in which a permanent LPS conservatorship has been established.

## PSYCHOTROPIC MEDICATION AUTHORIZATION PROCESS DEPENDENCY COURT

Time Line	Physician/Agency/Court Responsibilities	Comments
Physician Day 1	Caregiver seeks medical evaluation of minor. Physician recommends psychotropic medication.	Medication may not be prescribed prior to court or parental authorization, absent an emergency. (See Psychotropic Medication Protocol.)
	Physician/Caregiver fills out "Psychotropic Medication Authorization Form" ("Form").	Physician must complete the "Clinical Information" and "Medications" sections.
	Physician faxes pages 1 and 2 of Form to DCFS D-Rate Unit.	DCFS D-Rate Unit fax – (562) 941-7205
DCFS D-Rate Unit Day 1	DCFS D-Rate Unit sends: <ul style="list-style-type: none"> <li>Cover letter and Opposition Form to child's parent or legal guardian;</li> <li>Form to assigned CSW; and</li> <li>Form to Dependency Psychotropic Desk Clerk. DCFS will attach page 3 of Form and indicate that notice has been sent to child's parent or legal guardian.</li> </ul>	DCFS will include cover letter with "Opposition" form instructing parent or legal guardian to send Opposition form to Psychotropic Desk Clerk, except for Antelope Valley (Dept. 426) cases where Opposition form should be directly sent to that courtroom.  Dependency Psychotropic Desk Clerk fax – (323) 260-5082
Court Day 1 to 2	Psychotropic Desk Clerk duties: <ul style="list-style-type: none"> <li>Receives Form and issues log number, if complete;</li> <li>Enters Form in computer and retrieves file (if not in courtroom);</li> <li>Gives copy of Form (with Objection form) to child's attorney; and</li> <li>Places Form in Juvenile Court Mental Health Services (JCMHS) mail box.</li> </ul>	Notice to private attorneys may take longer because address will have to be provided by courtroom personnel.  Incomplete or illegible Forms will be rejected and returned to physician. Psychotropic Desk Clerk will notify DCFS D-Rate Unit of rejected Forms.
Court Day 2 to 4	JCMHS reviews and returns Form with recommendation/comment to Psychotropic Desk Clerk.	
Court Day 2 to 7	Psychotropic Desk Clerk enters the date JCMHS returned Form, and places Form, file (if available) and any objections in courtroom mailbox.	
Court Day 2 to 7	Court approves, modifies, or denies Form.	
Court Day 2 to 7	Judicial Assistant/Courtroom Assistant makes copies of signed Form for distribution and places original in confidential envelope in legal file.	Distribution by JA/CA: <ul style="list-style-type: none"> <li>Child's attorney (in mailbox)</li> <li>Psychotropic Desk Clerk (2 copies)</li> </ul>
Court Day 3 to 7	Psychotropic Desk Clerk distributes copy of signed Form and keeps a copy on file for one year.	Distribution by Psychotropic Desk Clerk: <ul style="list-style-type: none"> <li>JCMHS (in mailbox)</li> <li>Physician</li> <li>DCFS D-Rate Unit</li> </ul>
DCFS Day 8	DCFS D-Rate Unit distributes copy of signed Form and enters information into CWS-CMS.	Distribution by DCFS D-Rate Unit: <ul style="list-style-type: none"> <li>Caregiver</li> <li>Assigned CSW</li> </ul>



**PSYCHOTROPIC MEDICATION AUTHORIZATION PROCESS  
DELINQUENCY COURT**

Time Line	Physician/Agency/Court Responsibilities	Comments
Physician Day 1	Facility or caregiver seeks medical evaluation of minor. Physician recommends psychotropic medication.	Medication may not be prescribed prior to court/parental authorization, absent an emergency. (See Psychotropic Medication Protocol.)
	Physician or caregiver fills out "Psychotropic Medication Authorization Form" ("Form").	Physician must complete "Clinical Information" and "Medications" sections.
	Physician faxes pages 1 and 2 of Form to Probation Placement Unit.	Probation faxes – (323) 441-1110 or 441-1120.
Probation Day 1 to 2	Probation Placement Unit duties (to be done within same day or next morning upon receipt of Form): <ul style="list-style-type: none"><li>◆ Sends cover letter and Opposition form to child's parent or legal guardian;</li><li>◆ Sends copy of Form to child's assigned deputy probation officer; and</li><li>◆ Faxes Form to Primary Court Psychotropic clerk. Probation will attach page 3 of Form and indicate that notice has been sent to child's parent or legal guardian.</li></ul>	Primary/Partner courts and fax numbers: Eastlake/Pomona (323) 226-8943 Kenyon/Compton/Inglwd (323) 582-2212 Sylmar/Pasadena (818) 367-5547 Lancaster (661) 949-7227 Los Padrinos/LB (562) 940-3766  Probation will include cover letter and Opposition form instructing parent or legal guardian to send Opposition to courtroom that is hearing child's case.
Court Day 1 to 2	Primary Court Psychotropic (PCP) clerk duties (to be done within same day or next morning upon receipt of Form): <ul style="list-style-type: none"><li>◆ Assigns log number to Form, if complete;</li><li>◆ Enters data into psychotropic tracking system;</li><li>◆ Sends Form to partner court clerk, if necessary, and to Juvenile Court Mental Health Services (JCMHS).</li></ul>	Incomplete or illegible Forms will be rejected and returned to physician. PCP clerk will notify Probation Placement Unit of rejected Forms.  JCMHS – (323) 526-6425 JCMHS fax – (323) 881-4555
Court Day 2 to 3	JCMHS reviews and sends recommendation or comment to appropriate district court (either a primary or partner court location).	
Court Day 3 to 4	PCP or Partner Court clerk duties upon receipt of Form (to be done within same day or next morning): <ul style="list-style-type: none"><li>◆ Logs in Form and JCMHS recommendation;</li><li>◆ Gives copy of Form and "Opposition" form to child's attorney;</li><li>◆ Retrieves file and places colored dot on file; and</li><li>◆ Takes Form, JCMHS recommendation, and file to courtroom hearing matter.</li></ul>	Notice to child's attorneys: Public Defender – place in mail bin. Panel Attorney – place in department mail bin, US mail, or email. Private Attorney – US mail or email.  Clerk provides JAI printout if no file is found.
Court Day 5 to 7	Court checks for any opposition and approves, modifies or denies request.	
Court Day 5 to 7	PCP or Partner Court clerk duties after court signs Form (to be done within same day or next morning upon receipt of signed Form): <ul style="list-style-type: none"><li>◆ Retrieves order and file from court;</li><li>◆ Enters signed Form in tracking system;</li><li>◆ Distributes copies; and</li><li>◆ Places original in confidential envelope in court file.</li></ul>	Distribution of signed Form by PCP/Partner clerk: <ul style="list-style-type: none"><li>◆ Child's attorney</li><li>◆ JCMHS</li><li>◆ Probation Placement Unit</li><li>◆ Physician</li></ul> Additional Distribution by Partner Court clerk: <ul style="list-style-type: none"><li>◆ PCP clerk</li></ul>
Probation Day 8	Probation Placement Unit makes and distributes copies of signed Form.	Distribution of signed Form by Probation: <ul style="list-style-type: none"><li>◆ Assigned deputy probation officer</li><li>◆ Child's caregiver</li></ul>



JOHN A. CLARKE  
EXECUTIVE OFFICER / CLERK

201 CENTRE PLAZA DRIVE - SUITE 3  
MONTEREY PARK, CA 91754-2158

*Superior Court of California*  
*County of Los Angeles*

Dear Parent or Legal Guardian:

A physician is proposing to treat your child with psychotropic medication, which is medication for emotional and/or behavioral problems. The request is being reviewed by the Juvenile Court.

If you object to your child being given this type of medication, please complete the enclosed "Opposition to Application for Order for Psychotropic Medication" form ("Opposition" form) and send it to the Juvenile Court address listed below. Because the Court must act on these requests quickly, you must send the Opposition form within two (2) court days (excluding weekends and holidays) after you receive this notice. Please note that even if you object to your child being prescribed this type of medication, the Juvenile Court may decide to allow the administration of the medication based on all of the information received by the Court.

If you feel that you need more information before you can agree or oppose the request to prescribe this type of medication for your child, state that on the Opposition form and send it to the Juvenile Court address listed below.

Please include any other information you think the Juvenile Court should know about your child.

The Opposition form can be returned to:

Edmund D. Edelman Children's Courthouse  
Attention: Psychotropic Desk, Room 2700  
201 Centre Plaza Drive  
Monterey Park, CA 91754

If you have any further questions regarding the request to administer psychotropic medication for your child, you may contact your attorney or your child's social worker.





JOHN A. CLARKE  
EXECUTIVE OFFICER / CLERK

201 CENTRE PLAZA DRIVE – SUITE 3  
MONTEREY PARK, CA 91754-2158

## *Superior Court of California County of Los Angeles*

Dear Parent or Legal Guardian:

A physician is proposing to treat your child with psychotropic medication, which is medication for emotional and/or behavioral problems. The request is being reviewed by the Juvenile Court.

If you object to your child being given this type of medication, please complete the enclosed "Opposition to Application for Order for Psychotropic Medication" form ("Opposition" form) and send it to the Juvenile Court address that is marked below. Because the Court must act on these requests quickly, you must send the Opposition form within two (2) court days (excluding weekends and holidays) after you receive this notice. Please note that even if you object to your child being prescribed this type of medication, the Juvenile Court may decide to allow the administration of the medication based on all of the information received by the Court.

If you feel that you need more information before you can agree or oppose the request to prescribe this type of medication for your child, state that on the Opposition form and send the form to the Juvenile Court that is marked below.

Please include any other information you think the Juvenile Court should know about your child.

The Opposition form can be returned to the address marked below.

- |   |   |
|---|---|
| <input type="checkbox"/> Dept. 201, 1601 Eastlake Ave., Los Angeles, CA 90033 | <input type="checkbox"/> Dept. 261, 200 W. Compton Blvd., Compton, CA 90220     |
| <input type="checkbox"/> Dept. 202, 1601 Eastlake Ave., Los Angeles, CA 90033 | <input type="checkbox"/> Dept. 264, 7625 S. Central Ave., Los Angeles, CA 90001 |
| <input type="checkbox"/> Dept. 203, 1601 Eastlake Ave., Los Angeles, CA 90033 | <input type="checkbox"/> Dept. 265, 7625 S. Central Ave., Los Angeles, CA 90001 |
| <input type="checkbox"/> Dept. 204, 1601 Eastlake Ave., Los Angeles, CA 90033 | <input type="checkbox"/> Dept. 270, 300 E. Walnut Ave., Pasadena, CA 91101      |
| <input type="checkbox"/> Dept. 205, 1601 Eastlake Ave., Los Angeles, CA 90033 | <input type="checkbox"/> Dept. 271, 300 E. Walnut Ave., Pasadena, CA 91101      |
| <input type="checkbox"/> Dept. 240, 110 Regent Street, Inglewood, CA 90301    | <input type="checkbox"/> Dept. 276, 16350 Filbert Street, Sylmar, CA 91342      |
| <input type="checkbox"/> Dept. 241, 110 Regent Street, Inglewood, CA 90301    | <input type="checkbox"/> Dept. 277, 16350 Filbert Street, Sylmar, CA 91342      |
| <input type="checkbox"/> Dept. 242, 110 Regent Street, Inglewood, CA 90301    | <input type="checkbox"/> Dept. 278, 16350 Filbert Street, Sylmar, CA 91342      |
| <input type="checkbox"/> Dept. 245, 415 W. Ocean Blvd., Long Beach, CA 90802  | <input type="checkbox"/> Dept. 279, 16350 Filbert Street, Sylmar, CA 91342      |
| <input type="checkbox"/> Dept. 246, 415 W. Ocean Blvd., Long Beach, CA 90802  | <input type="checkbox"/> Dept. 281, 400 Civic Center Plaza, Pomona, CA 91766    |
| <input type="checkbox"/> Dept. 250, 7281 E. Quill Dr., Downey, CA 90242       | <input type="checkbox"/> Dept. 282, 400 Civic Center Plaza, Pomona, CA 91766    |
| <input type="checkbox"/> Dept. 251, 7281 E. Quill Dr., Downey, CA 90242       | <input type="checkbox"/> Dept. 283, 400 Civic Center Plaza, Pomona, CA 91766    |
| <input type="checkbox"/> Dept. 252, 7281 E. Quill Dr., Downey, CA 90242       | <input type="checkbox"/> Dept. 285, 1000 W. Ave. J, Lancaster, CA 93534         |
| <input type="checkbox"/> Dept. 260, 200 W. Compton Blvd., Compton, CA 90220   |   |

If you have any further questions regarding the request to administer psychotropic medication for your child, you may contact your child's probation officer or attorney.





JOHN A. CLARKE  
EXECUTIVE OFFICER / CLERK

201 CENTRE PLAZA DRIVE -- SUITE 3  
MONTEREY PARK, CA 91754-2158

*Superior Court of California*  
*County of Los Angeles*

Dear Parent or Legal Guardian:

A physician is proposing to treat your child with psychotropic medication, which is medication for emotional and/or behavioral problems. The request is being reviewed by the Juvenile Court.

If you object to your child being given this type of medication, please complete the enclosed "Opposition to Application for Order for Psychotropic Medication" form ("Opposition" form) and send it to the Juvenile Court address listed below. Because the Court must act on these requests quickly, you must send the Opposition form within two (2) court days (excluding weekends and holidays) after you receive this notice. Please note that even if you object to your child being prescribed this type of medication, the Juvenile Court may decide to allow the administration of the medication based on all of the information received by the Court.

If you feel that you need more information before you can agree or oppose the request to prescribe this type of medication for your child, state that on the Opposition form and send it to the Juvenile Court address listed below.

Please include any other information you think the Juvenile Court should know about your child.

The Opposition form can be returned to:

Alfred J. McCourtney Juvenile Justice Center  
Department 426  
1040 West Avenue J  
Lancaster, CA 93534

If you have any further questions regarding the request to administer psychotropic medication for your child, you may contact your attorney or your child's social worker.

**Psychotropic Medication Authorization Form** LOG # \_\_\_\_\_

THIS FORM MUST BE FAXED TO THE PROPER LOCATION BELOW TO OBTAIN COURT AUTHORIZATION PRIOR TO THE ADMINISTRATION OF PSYCHOTROPIC MEDICATION, ABSENT AN EMERGENCY.

**DEPENDENCY:** FAX: (562) 941-7205

**DELINQUENCY:** FAX: (323) 441-1110 OR (323) 441-1120

**A. IDENTIFYING INFORMATION** Please include this form with discharge packet!

Child's Name (Last, First, MI)		D.O.B.	Sex	Ethnicity	Ct. Dept.	Court Case No.
Child's Current Placement Name and Address			Phone		Plcmt. Contact Person	
			Fax			
Placement Type	<input type="checkbox"/> Relative <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home	Facility:	<input type="checkbox"/> B.J. Nidorf Juv. Hall <input type="checkbox"/> Central Juv. Hall <input type="checkbox"/> Los Padrinos Juv. Hall	<input type="checkbox"/> Probation Camp <input type="checkbox"/> Dorothy Kirby Center	<input type="checkbox"/> State Hospital <input type="checkbox"/> Developmental Center	<input type="checkbox"/> County Jail <input type="checkbox"/> Other _____
<input type="checkbox"/> Acute Hospital Name: Address:			Phone		Hosp. Contact Person	
			Fax			

CSW/DPO: Name: \_\_\_\_\_ Region/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Prescribing Physician (print) \_\_\_\_\_ License No. \_\_\_\_\_  
 Specialty: ☐ Gen./Family Practice ☐ Pediatrics ☐ Neuro. ☐ Child/Adolesc. Psychiatry ☐ Gen. Psych. ☐ Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTIONS B & C ON PAGES 1 & 2 MUST BE PERSONALLY COMPLETED AND SIGNED BY THE PRESCRIBING PHYSICIAN.**

**B. CLINICAL INFORMATION**

- B1. Date child last seen by physician: \_\_\_\_\_ Who brought child/what is relationship? \_\_\_\_\_
- B2. Information about child from: ☐ child-☐ caregiver-☐ teacher-☐ records-☐ other \_\_\_\_\_ Present illness duration: \_\_\_\_\_
- B3. Diagnosis: (DSM IV Dx & Codes required) \_\_\_\_\_
- B4. Current therapeutic services other than medication (specify type, frequency, location): \_\_\_\_\_
- B5. Last Physical Exam (Minor must have had physical exam during the 12 months prior to starting psychotropic medication and then yearly.)

Date of PE: _____		Location of PE records: _____	
Current Height: _____	Weight: _____	Date Measured: _____	
Significant <u>Medical Problems</u> or <u>Lab Test, BP or Pulse Abnormalities</u> :		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Non-psychotropic prescribed medications taken regularly:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, describe below or attach information.			

- B6. Indicate relevant laboratory tests performed or ordered. ☐ No lab work done/ordered
- ☐ CBC ☐ UA ☐ Liver Function ☐ Thyroid Function ☐ Kidney Function ☐ Glucose ☐ Lipid Panel ☐ Electrolytes ☐ EKG  
☐ Medication Blood Level (specify): \_\_\_\_\_ ☐ Other: \_\_\_\_\_
- B7. Current Psychotropic medication request is: ☐ Continuation of Rx Only ☐ Non-emergency ☐ Emergency
- Nature and circumstances of emergency** must be specified here to allow for temporary administration pending judicial order:  
 (Administration of Continued medication or Emergency medication may proceed immediately upon submission of form.)

Child's Name (Last, First, MI) \_\_\_\_\_

LOG # \_\_\_\_\_

**C. MEDICATIONS** (List all psychotropic medications now being taken or to be taken when authorized or being discontinued.)

Mark them ☐ New ☐ Continued ☐ Discontinued (with respect to the child not the prescribing physician) (Use additional sheet if needed.)

Indicate if cross titrating medications.

If use of a medication is to be short-term (less than 6 months), specify time frame.

C1.	NAME OF MEDICATION(S) AND TARGET SYMPTOMS FOR EACH	N or C or D	ADMINISTRATION SCHEDULE	MAXIMUM TOTAL DOSE/DAY
			<ul style="list-style-type: none"> <li>Indicate Initial and Target Schedules for New Rx</li> <li>Indicate Current Schedule for Continued Rx</li> <li>Indicate mg/dose and # of doses/day</li> <li>If PRN, specify conditions &amp; parameters of use</li> </ul>	
Med:				
Targets:				
Med:				
Targets:				
Med:				
Targets:				
Med:				
Targets:				
Med:				
Targets:				

**C2.** Indicate response to ongoing Rx treatment and reasons for any Rx changes (with respect to target symptoms &/or adverse effects):

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**C3.** Prior medications: \_\_\_\_\_

**C4.** (Completion of C4 a. or b. is required.) (Complete C5 and/or C6 if they are applicable.)

- a. ☐ Child has been informed of the proposed medication treatment, anticipated benefits and potential adverse effects.  
 Child is ☐ agreeable to ☐ opposed to the proposed treatment. (Child's own written statement may be attached.)
- b. ☐ Child has not been informed because the child is too young and/or lacks the capacity to understand the treatment or provide a response.

**C5.** ☐ Child's current Foster Parent or Relative Caretaker has been informed of the proposed medication treatment, anticipated benefits and potential adverse effects.  
 Foster parent or Relative Caretaker is ☐ agreeable to ☐ opposed to the proposed treatment (Use additional sheet if needed.)

**C6.** ☐ Child's Parent or Legal Guardian (circle one) will not or cannot consent to the proposed treatment.

Additional explanation (Use additional sheet if needed.): \_\_\_\_\_

I hereby declare that all the foregoing is true to the best of my knowledge.	Prescribing Physician's Signature	Date
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Child's Name (Last, First, MI) \_\_\_\_\_

LOG # \_\_\_\_\_

**D. NOTICE**

- Parent/Guardian Notice sent on: \_\_\_\_\_ Date \_\_\_\_\_ Notifying Agency: ☐ Probation ☐ DCFS

By: \_\_\_\_\_  
Print Name Sign

If not sent, reason: \_\_\_\_\_

- Child's Attorney Notice sent by Court on: \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_  
Print Name Sign

If not sent, reason: \_\_\_\_\_

**E. JCMHS REVIEW**

- ☐ This form has been reviewed by staff of Juvenile Court Mental Health Services. This review is intended to give the court general information regarding the appropriateness of the psychotropic medication treatment for which authorization is requested given the clinical information indicated on the form (age, diagnosis, symptoms, etc.).

See attached JCMHS review page for further information.

**F. COURT ORDER** (to be completed by the court)

Court having read and considered the above request:

- ☐ The matter is set for a hearing within five court days on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in department: \_\_\_\_\_
- The application for authorization to administer psychotropic medication is
  - a) ☐ Granted as requested
  - b) ☐ Denied (specify reason for denial): \_\_\_\_\_
  - c) ☐ Granted with the following modifications or conditions (specify): \_\_\_\_\_

- This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the prescribing physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. Except in an emergency situation, an increase in the dosage beyond the approved maximum daily dosage or a change in or the addition of other medications requires the treating physician to submit a new application. A change in the child's placement does not require a new order for psychotropic medication, and this authorization, if it is still in effect, must accompany the child if placement is changed.

**Notice Requirements**

- a) ☐ The notice requirements have been met.
- b) ☐ The notice requirements have NOT been met. Proper notice was not given to: \_\_\_\_\_

Date: \_\_\_\_\_  
Print Name Sign

Judicial Officer of the Juvenile Court